9ª Asamblea Hispano-Portuguesa de Geodesia y Geofísica.

Madrid, 28-30 Junio 2016

Fundación General Universidad Complutense Madrid

Name & Surname _____

Address _____

Zip Code _____ City _____ Country _____

Phone_____Fax_____E-mail _____

Affiliation / Institution _____

In compliance with the provisions in the Spanish Organic Law LO 15/99 of personal data protection, we inform that the personal information provided will be stored in a database controlled by the FG UCM. The fulfilment of the present form implies to authorize FG UCM to use the personal data facilitated for the mentioned purpose. If you wish to exercise your rights to access, rectify, cancel and oppose the treatment of your data, please contact our offices).

REGISTRATION

❑ Early registration (before 15 June 2016)

200 €

❑ Early registration: Students*:

50 €

❑ Late registration (From 1 June onwards):

300 €

❑ Late registration: Students*:

80 €

*Students must fax or e-mail evidence of their student status to Ms. Sonia Cáceres:
Fax 00-34-91-3946405
E-mail: congresosfg@rect.ucm.es

RECEIPT DETAILS (in case you require acknowledgement of registration and payment)

University _____

Name & Surname _____

BILLING address (if different from registration details)

Address _____

Zip Code _____ City _____ Country _____

Phone_____Fax_____E-mail_____

GENERAL CONDITIONS

REGISTRATION & PAYMENT

- General Foundation UCM will not accept telephone reservations.
- Please fill in the Registration form, one form per person.
- Please return the completed Registration form with credit card details or proof of bank transfer.
- On-site registration will not accept cash payments, only proof of bank trasfer or payment will be accepted (there are banks on campus). We recommend that you complete your registration by the date of the conference.
- Notification of cancellation must be sent to the General Foundation UCM in writing (fax or e-mail).

METHOD OF PAYMENT

Remember to state participant's "Surname" and "CEWQUO" on all payments.

❑ By credit card. I the undersigned authorize FG UCM to charge my credit card with the total amount stated
❑ VISA ❑ MasterCard
Card number __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiry date: ____/____ CVC _____
Cardholder Name: _____

Place and Date: _____ Signature: _____

❑ **By bank transfer to FG UCM. Caja Madrid**. Account No. 2038 / 1735 / 91 / 6000402693 (SWIFT CAHMESMMXXX, IBAN ES90). Please indicate "free of charges for the receiver account".

REGISTRATION CONFIRMATIONS

Once the General Foundation UCM checks that the accepted payments have arrived, the participant will receive confirmation of registration.